

**SED Waiver Referral to Division of Family and Children
Central Enrollment Unit
P.O. Box 7213
Indianapolis, IN 46207-7213**

Instructions to Wraparound Facilitators:

This form must be submitted to the Central Enrollment Unit (CEU) for a waiver applicant who has a targeted waiver slot. Copies of the following forms must also be attached:

- Application for Long-Term Care;
- Mental Health Hospital Level of Care/Eligibility collaterals and DMHA Eligibility Statement;
- Application for Cash Assistance, Food Stamps, and Health Coverage, Form 2400.

Medicaid applications for individual who are being considered for placement on a waiting list must be filed with the local Office of Family and Children in the county where the individual resides.

Date referral packet is mailed to CEU: _____

Name of waiver applicant	Social Security Number	Date of waiver application
County of residence	Wraparound Provider	Waiver slot # if known
SED Waiver Wraparound Facilitator contact information		
Name:		
Telephone number(s):		
E-mail:		

- ☐ Individual is a child with a severe emotional disturbance
- ☐ Level of Care effective date: _____ ☐ Level of care pending as of this date.
- ☐ CCB approval date: _____ ☐ CCB pending as of this date.

Signature of Wraparound Facilitator

Date

Comments or special circumstances (Include information about a current pending Medicaid application with a local DFC office.